

ROUTING AND TRANSMITTAL SLIP

Date

31 March 1982

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. LTC Jackin,			
2.			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		

REMARKS

Bob,
 Have read the enclosed description of training process. Although this document needs expansion it serves nicely to provide direction for training. This needs to be shared with Rob, Tom, Joe. It will serve as a basis for developing individual training for each operational person. Also provides guidance for some future in-service training.

Sign

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

LTC H. HARTZELL

Phone No.

5126

5041-102

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